



New
 Change

**NORTHERN ARKANSAS TELEPHONE COMPANY
AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)**

Desired Effective Date _____
Account No. _____ Date _____
Name (s) _____ Address _____
Service Location _____ City _____ ST _____ Zip _____
Home Phone (_____) _____ Business Phone (_____) _____

**BANK INFORMATION ONLY
Please include a voided check as this will expedite the process.**

Bank Acct. No. _____ Bank Name _____
Bank Transit/ABA _____ Branch _____
Branch Location _____
City _____ ST _____ Zip _____

Authorization Statement: I (We) hereby authorize NORTHERN ARKANSAS TELEPHONE COMPANY to initiate debit entries to my (our) account indicated above and the bank name above, hereinafter called BANK, to debit the same to such account.

Signature (s) _____
(As appears on Bank Account)

Verification _____
(Business Office Clerk)

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by BANK up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

Signed _____

**Return completed from to: NORTHERN ARKANSAS TELEPHONE COMPANY
P.O. BOX 209 • FLIPPIN, AR 72634**